



RESEARCH PAPER

# Percieved Usefulness of Yashaswini Health Scheme

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**ABSTRACT :** Health is one of the vital indicators of human development. Health standards in India have improved considerably since independence. The efforts of the government and other agencies engaged in expanding the health infrastructure have paid off well as evidenced by the improvement in some of our health indicators. Government has made deeper inroad into rural areas with focused schemes like the Yashaswini and even started a scheme for health insurance for the poor population. Creating bridge between farmers and their need to live a healthy life, Yashaswini scheme has brought quality healthcare to the farmers' doorstep in the state. A study was conducted to analyze the perceived usefulness of Yashaswini Health Scheme during 2012-13 in Belgaum district of Karnataka state. Purposive random sampling technique was used for the selection of four blocks *i.e.*, Ramdurg, Savadatti, Gokak and Bailhongal. One hundred and twenty farmers from eight villages were selected from four taluks. The overall perceived usefulness level of the beneficiaries was high *i.e.*, 44.16 per cent and 66.66 per cent, respectively. Most of them have undergone the direct benefits like eye operation, stomach ulcers, hernia, caesarean and uterus operation with 5,000 to 10,000 financial assistance.

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Health is primarily a personal responsibility and demands personal care to enjoy it. It is essential requirement for all irrespective of age, caste, creed, race, religion and economic standard. Health means not the mere absence of disease but it is the complete state of the physical, mental and social wellbeing. Health of an individual can be affected by general health condition of the society and *vice-versa*. Therefore, health of the community needs higher attention while considering the development of a region or a country. A

person in good health may not remember sickness and its implications, but when he falls sick and simultaneously into the debts of treatment, he regrets why he had not insured his health. Providing health insurance or health security for poor people continues to be one of the most important unresolved policy issues for the world.

Health insurance in a narrow sense would be 'an individual or group purchasing health care coverage in advance by paying a fee called premium'. In its broader sense, it would be any arrangement that helps to defer,

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delay, reduce or altogether avoid payment for health care incurred by individuals and households. The health insurance market in India is very limited covering about 10 per cent of the total population. The existing schemes of health insurance are voluntary health insurance schemes or private-for-profit schemes, employer-based schemes insurance offered by NGOs (Non-Govt organization's) / community based health insurance and mandatory health insurance schemes or government run schemes. Commercial insurance companies so far have showed little interest in providing health insurance for rural farmers and workers in the informal sector because of potentially low profitability and high risk. It is non-government organizations (NGOs) and charitable institutions (not-for-profit) that have played an important role in the delivery of affordable health services to the poor.

The Yashaswini scheme was conceived in 2003 by Dr. D. Shetty, a well-known heart surgeon and a group of private physicians who wanted to demonstrate that it was possible to extend access of the most sophisticated health care services to the poor. The concept relied on a preliminary survey conducted among various public and private hospitals operating in Karnataka which revealed that occupancy rates remained everywhere as low as 35 per cent. The problem of access was therefore not due to the lack of infrastructure or professional staff, but to the impossibility for the poor to pay for the expected services. To overcome this cash problem, a new insurance scheme targeting the poor rural communities and aiming to cover the most expensive segment of the health expenditure structure (surgical interventions) was designed in close collaboration with the Government of Karnataka and the Department of co-operatives.

The Yashaswini scheme targets all co-operative society members in rural areas having a minimum 6-month membership. Ages of insured are from newborn to 75 years. The plan is open to members on a voluntary basis. The Yashaswini plan covers about 1,600 surgeries available at approved hospitals on cashless benefits to members. The plan pays all associated hospitals a fixed tariff for each of these defined benefits. Tariffs have been set up for approximately 800 procedures. It is stated that the tariff is 40-50 per cent off the "regular" tariff applied by private hospitals. In addition, Out Patient Diagnosis is provided free of cost and some diagnostic tests are

performed at discount rates. Over the first two years, members paid Rs. 60 per year for each person insured. Third year the premium was set at Rs. 120. Now it increased at Rs. 210 per year for each person. This was further increased in Year five to include a marketing incentive (+ Rs. 10) for co-operative societies.

The Yashaswini insurance scheme may rightly claim to be one of the most cost-effective insurance schemes throughout the world. However, the resources to be allocated to the scheme are neither pre-defined nor directly related to any prior policy cost estimate. Hence, in this study an attempt has been made to understand the government health programmes in rural areas with an objective to study the perceived usefulness, socio-economic characteristics, to elicit constraints and obtain suggestions for better implementation of Yashaswini Health Scheme by farmers.

## RESEARCH METHODOLOGY

The present study was undertaken in four taluks of Belgaum district of Karnataka, *i.e.*, Ramdurg, Savadatti, Gokak and Bailhongal. Two villages from each taluk were selected based on the maximum area covered under this scheme. Thus, in total eight villages were selected for the study. From each village 15 farmers were selected randomly giving equal representation for all the eight villages. Thus, the total number of respondents for the study was 120. With respect to the type of study, variables under consideration, size of respondents and phenomenon to be studied, the *expost facto* research design was followed.

Awareness in the present study is operationally defined as the first hand information about the existence of the agency, its activity or its process by an individual. To measure the perceived usefulness of Yashaswini Health scheme beneficiaries were asked to express their opinion/impression regarding usefulness of the scheme which they have adopted.

Keeping in view the objectives and variables of the study, a structured interview schedule was developed by consulting experts and referring to the relevant literature. Pretesting of the schedule was carried out in non-sample area for its practicability and relevancy. The data collected was scored, tabulated and analyzed using frequency, mean, percentage, standard deviation and correlation test.

## RESULTS AND DISCUSSION

The findings of the present study as well as relevant discussion have been presented under following heads.

### Perceived usefulness of farmers about Yashaswini Health Scheme :

The success of any programme can be gauged by the extent to which it is perceived as useful by its targeted beneficiaries. An attempt was made in this direction to assess the perception of farmers about usefulness of Yashaswini scheme . The results pertaining to this aspect, presented in Table 1 revealed that 75.00 per cent of the respondents perceived that scheme is more useful for enhancing the health insurance coverage and protection to households followed by services available (83.33%). The possible reason might be illness cannot be predicted and hospital costs are high and cannot be pre-planned. So being a member of the Yashaswini scheme he/she sure of getting good treatments/services provided by super-

specialty and reputed networked hospitals in terms of infrastructure, equipments, staff behaviour, timely treatment, availability of medicine etc. From the Table 1 it is also clear that 90.00 per cent of respondents expressed that it reduces operation cost, free consultation possible (66.66%), organizational participation extended (83.33%), prepayment and risks are avoided (75.00%). This scheme reduces the huge medical bill and sure of getting treatment in the hospital because of prepaid premium. Membership will increase the organizational participation and rapport building with doctors and staff members in the hospital, increases self-confidence and improves communication skill.

### Overall perceived usefulness of farmers about Yashaswini Health Scheme :

A cursory look at Table 2 indicated that 45.83 per cent perceived the usefulness of the scheme at medium level followed by high (33.33%) and low (20.83%) levels.

**Table 1 : Perceived usefulness of farmers about Yashaswini Health Scheme**

Sr. No.	Statements		Frequency	Percentage
1.	The scheme enhanced the health insurance coverage and protection to households	More useful	90	75.00
		Useful less	15	12.50
		Useful	15	12.50
2.	Services are available from reputed hospitals	More useful	100	83.33
		Useful less	15	12.50
		Useful	5	4.16
3.	Reduces the operation cost	More useful	98	81.67
		Useful less	12	10.00
		Useful	10	8.33
4.	Free consultation possible	More useful	80	66.66
		Useful less	35	29.16
		Useful	15	12.50
5.	Organizational participation and contacts are extended	More useful	100	83.33
		Useful less	10	8.33
		Useful	10	8.33
6.	Prepayment and risks are avoided	More useful	90	75.00
		Useful less	20	16.66
		Useful	10	8.33

**Table 2 : Overall perceived usefulness of farmers about Yashaswini Health Scheme**

Sr. No.	Categories	Frequency	Percentage
1.	Less useful (<9.79)	22	18.33
2.	Useful (9.79-11.28)	18	15.00
3.	More useful (>11.28)	80	66.66

### Relationship between awareness of the Yashaswini scheme and socio-economic characteristics :

It is evident from Table 3 that, age, education, family size, farming experience, mass media exposure and organizational participation expressed positive and significant relation with awareness about the scheme at 5 per cent level of probability. Family type, land holding and annual family income did not express any kind of relation with the awareness of the scheme.

### Age and perceived usefulness of the scheme :

The findings in the table showed that significant and positive relationship between age and perceived usefulness of the Yashaswini health scheme of the beneficiaries. It is evident that as people aged, their health status will deteriorate, so the finding. Similar findings were reported by Vellakkal (2007).

### Family size and perceived usefulness of the scheme :

The findings in table showed that positive and significant relationship between family size and perceived usefulness of the Yashaswini health scheme. It is evident that if the family size is more they were not able to pay hospital bill so they become beneficiaries of using the scheme. Therefore, their existed positive relationship between family size and usefulness of Yashaswini health scheme. Similar findings were reported by Gumber and Kulkarni (2000) and Devadasan *et al.* (2004).

### Farming experience and perceived usefulness of the scheme :

A positive and significant relationship was found between farming experience and perceived usefulness of

Yashaswini health scheme. As mentioned earlier more the farming experience, higher the age of the respondents who tend to have more health concerns.

### Organizational participation and perceived usefulness of the scheme :

A positive and significant relationship was found between organizational participation and perceived usefulness of Yashaswini health scheme. It was evident that the Yashaswini card holders have to be members of co-operative society to benefit from the scheme and hence more participation in organization is evident. Similar findings were reported by Similar findings were reported by Gumber and Kulkarni (2000).

### Conclusion :

Health is one of the vital indicators of human development. Yashaswini health scheme has carried necessary architectural correction in the basic health care system. The scheme adopts a synergist approaches by relating health to determinants of good health *viz.*, major and minor surgeries, free outpatient consultation, etc. The key in this model is the law of large numbers being effectively used to provide a high degree of health security to the poorest populations of the world. The backbone of Indian economy is the farming community. And rightly so, it deserves to be treated well. Creating bridge between farmers and their need to live a healthy life, Yashaswini scheme has brought quality healthcare to the farmers' doorstep in the state. The goal of the scheme is to improve the availability and provide people with access to quality health care, especially for those residing in rural areas, the poor, women and children. Majority of the

**Table 3 : Relationship between awareness and socio-economic characteristics of farmers of Yashaswini Health Scheme (n=120)**

Characters	Correlation co-efficient (r -value)
Age	0.119*
Education	0.195*
Family size	0.120*
Family type	0.062NS
Farming experience	0.294*
Land holding	0.057NS
Annual family income	0.107NS
Mass media exposure	0.279*
Organizational participation	0.116*

\* indicate significance of value at P=0.05

NS = Non-significant

beneficiaries were in agreement with the perceived usefulness statements. Majority of beneficiaries utilized almost all benefits of the scheme. It was found that age, education, family size, farming experience, organizational participation expressed positive significant relationship with perceived usefulness of the beneficiaries. Hence, these variables may be considered by the local change agents to educate the rural masses for popularizing the scheme. Also, there is a need to study the knowledge and impact of beneficiaries and non-beneficiaries of Yashaswini health scheme on socio-economic status at state level for better implementation of the scheme.

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